

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Received by (Please Print Clearly) <i>SARAH STEELE</i></p> <p>B. Date of Delivery <i>7-6-84</i></p> <p>C. Signature <i>X Sarah Steele</i></p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: KATHLEEN M. DENNEHY, COMMISSIONER OF CORRECTIONS 1 CEDAR JUNCTION SOUTH WALPOLE MA 02071</p> <p><input type="checkbox"/> Agent      <input type="checkbox"/> Addressee  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.  4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>	
Article Number (Copy from service label) 00 2870 0000 2633 1308			

300 Article Number (Copy from service label) 2870 0000 2653 1308

PS Form 3811 July 1990

Domestic Return Receipt

102595.00-M-0952

